

# LITTLE EXPLORERS SCHOOL

PRESCHOOL \* ENRICHMENT PROGRAMS \* CAMPS

223 NE 65th Street - Seattle, WA 98115 | www.littleexplorersseattle.com | info@littleexplorersseattle.com | 206-523-1922

## Student Information:

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First Name	Middle Name	Last Name	Date of Birth
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Address	City	State	Zip Code
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Parent First Name	Last Name	Cell Phone #	Home or Work Phone #
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## Consent for medical treatment for your child:

I hereby give permission for my child, \_\_\_\_\_ to be given emergency treatment by a licensed health care provider at the nearest emergency center. When I cannot be contacted, I authorize medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed health care provider when deemed necessary or advisable by a medical professional to safeguard my child's health. I also give permission for my child to be transported by ambulance to an emergency center for treatment.

Parent/Guardian signature \_\_\_\_\_

## Permission for Field Trips

I give permission for my child

\_\_\_ to go on walks and to parks in the Green Lake neighborhood.

Parent/Guardian signature \_\_\_\_\_

## Permission for Sunscreen

I authorize Little Explorers teachers to apply sunscreen SPF 50 to my child when participating in outdoor activities.

Parent/Guardian signature \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please upload this form with your registration.

If unable to upload, please email or send via mail:

info@littleexplorersseattle.com ~ Little Explorers - 7042 16th Ave NE Seattle, WA 98115